



**GENERAL EDUCATIONAL DEVELOPMENT (GED)**  
**RECORDS REQUESTS**

Date \_\_\_\_\_

To obtain records from the Minnesota GED testing office, please supply the information required below. There is no charge for the service at this time. Requests for records are filled as soon as possible and are mailed within one to two working days of receipt of the request. **One duplicate diploma is allowed for each Minnesota graduate. GED records will not be faxed.**

**PLEASE TYPE OR PRINT LEGIBLY.**

Name \_\_\_\_\_

Name at the time of testing \_\_\_\_\_

Approximate month and year tested \_\_\_\_\_

Where tested (center/city/location needed) \_\_\_\_\_

Last four digits of your social security number \_\_\_\_\_

Date of birth \_\_\_\_\_

I can be reached at this/these phone(s) number in case there is a question in finding my records:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

What are you requesting? Duplicate diploma (one allowed) \_\_\_\_\_  
Transcript/test scores \_\_\_\_\_

Where do you want it sent? Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Signature (required) \_\_\_\_\_

**Send requests by U.S. Mail to:** GED Testing Office  
1500 Highway 36 West  
Roseville, MN 55113-4266

**Or to submit your request by fax:** 651-582-8458 . **GED records will not be returned by fax**